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CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

14 Bittersweet Lane
Farmington, CT 06032

September 8, 2004

Ms. Susan Cole
State of Connecticut Office of Health Care Access
410 Capitol Avenue
3rd Floor, MS #13HCA
P.O. Box 340308
Hartford, CT 06134-0308

Dear Ms. Cole:

Attached is the Letter of Intent and three copies of the Department of Health and
Addiction Services for Construction/Renovation to Expand and Improve Ward #6 at
Whiting Forensic Institute (WFI).

The application for the Certificate-of-Need will be made pursuant to Section 19a-639,
Connecticut General Statutes, at a capital expenditure of \$2,130,000. If you have any
questions, please contact me at 860-284-1068.

Thank you.

Sincerely,

Anne Stone

Anne Stone, Consultant
Cc: Mr. Steven M. Hecimovich, DMAS



State of Connecticut Office of Health Care Access Letter of Intent/Waiver Form Form 2030

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	State of Connecticut Department of Mental Health and Addiction Services (DMHAS)	
Doing Business As		
Name of Parent Corporation		
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	C/O Engineering Services State of Connecticut Holmes Drive P.O. Box 351 Middletown. CT 06457	
Applicant type (e.g., profit/non-profit)	Non-profit	
Contact person, including title or position	Anne Stone Consultant	
Contact person's street mailing address	14 Bittersweet Lane Farmington, CT 06032	

Contact person's phone #, fax # and e-mail address	Phone: 860-284-1068 FAX: (phone first) 860-284-1068 <u>fstone02@snet.net</u>
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SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:
Construction/Renovation to Expand and Improve Ward #6 at Whiting Forensic Institute

b. Type of Proposal, please check all that apply:

- ☐ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:
- | | | |
|--|--|--|
| <input type="checkbox"/> New (F, S, Fnc) | <input type="checkbox"/> Replacement | <input type="checkbox"/> Additional (F, S, Fnc) |
| <input type="checkbox"/> Expansion (F, S, Fnc) | <input type="checkbox"/> Relocation | <input type="checkbox"/> Service Termination |
| <input type="checkbox"/> Bed Addition | <input type="checkbox"/> Bed Reduction | <input type="checkbox"/> Change in Ownership/Control |

☒ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☒ Project expenditure/cost greater than \$ 1,000,000

☐ Equipment Acquisition greater than \$ 400,000

- | | | |
|----------------------------------|---|--|
| <input type="checkbox"/> New | <input type="checkbox"/> Replacement | <input type="checkbox"/> Major Medical |
| <input type="checkbox"/> Imaging | <input type="checkbox"/> Linear Accelerator | |

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):
Whiting Forensic Institute
Holmes Drive
P.O. Box 351
Middletown, CT 06457

- d. List all the municipalities this project is intended to serve:
The State of Connecticut
-

- e. Estimated starting date for the project: January 3, 2005

- f. Type of project: 31 (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure: \$2,130,000
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$2,130,000
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	\$2,130,000
Fair Market Value of Leased Equipment	
Total Capital Cost	\$2,130,000

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

- ☐ Applicant's Equity
 ☐ Lease Financing
 ☐ Conventional Loan
☐ Charitable Contributions
 ☐ CHEFA Financing
 ☐ Grant Funding
☐ Funded Depreciation
 ☒ Other (specify): General Obligation Bond

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

- Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
- What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
- Who is the current population served and who is the target population to be served?
- Identify any unmet need and how this project will fulfill that need.
- Are there any similar existing service providers in the proposed geographic area?
- What is the effect of this project on the health care delivery system in the State of Connecticut?
- Who will be responsible for providing the service?
- Who are the payers of this service?

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following:
(Please check all that apply)

- ☐ This request is for Replacement Equipment.
 - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: _____.
 - ☐ The cost of the equipment is not to exceed \$2,000,000.
 - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

DESCRIPTION OF THE PROJECT

This proposal is for construction of additional space and renovations of existing space for Ward #6 of the Whiting Forensic Institute. The existing configuration of the building containing Ward #6 is such that visitors must walk through this ward in order to go to other parts of the facility. This situation causes disruption to the acute nature of patients in this ward.

In addition, this ward does not have a separate indoor recreation area and courtyard. There is an inadequate number of bathrooms, and there is a need for a separate charting room for staff.

The client population in this ward consists of violent, criminally insane patients from throughout the State of Connecticut. Currently there are 11 beds in this ward, and the entire facility has 106 beds with no outpatient services.

An alternative corridor was designed to bring visitors through the facility by going around rather than through Ward #6. This ward will be improved at the same time by adding an exterior enclosed courtyard, a recreation area, additional bathrooms, and a staff charting room. All fire and safety requirements will be adhered to in the design. During the construction/renovation project patients will be dispersed to other wards throughout the building where additional security will be added to care for them.

As part of this construction/renovation project, there will be a reallocation of three beds from other patient areas in the building so that the number of beds in Ward #6 will be increased from 11 to 14. However, the total number of beds in the facility will not change. The purpose of the additional three beds in this ward is to provide the flexibility to care for patients from other wards who are temporarily violent and need the extreme security provided in this ward until they are ready to return to their regular ward.

The engineering department for the Department of Health and Addiction Services and the Whiting Forensic Institute in conjunction with the Department of Public Works and the Amenta-Emma architectural firm are responsible for the design and implementation of the renovations. The payers of this service are the taxpayers of Connecticut through General Obligation Bond funds.

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical